

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/936166

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		1		1		1	53						
4		1		1		1	54						
5		1		1		1	55						
6		5		5		5	56						
7		5		5		5	57						
8	1	5	1	5	1	5	58						
9	1						59						
10		2		1		1	60						
11				1		1	61						
12				1		1	62						
13				1		1	63						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		2		2		TOTAL IND.						
TOTAL DEP.	16		18		19		TOTAL DEP.						
TOTAL CLAIMS	19		20		21		TOTAL CLAIMS						

BEST AVAILABLE COPY

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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